

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number	FOR COURT USE ONLY
<i>Attorney for</i>	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:	CHAPTER _____
Debtor.	CASE NUMBER

**NOTICE OF HEARING ON APPLICATION FOR PAYMENT OF INTERIM  
OR FINAL FEES AND/OR EXPENSES UNDER 11 U.S.C. § 331 OR § 330**

*TO ALL INTERESTED PARTIES:* NOTICE IS HEREBY GIVEN that on the following date and time and in the indicated courtroom, the following Applicant(s) will move this Court for an Order approving the attached Fee and/or Expense Application(s):

1. **Applicant Information:** ☐ See attached page for information on additional Applicants
- a. Name of Applicant (*specify*):
- b. Amount of Fees Requested: \$
- c. Amount of Costs Requested: \$
- d. Address of Applicant (*specify*):
- (If more than one Application is included in this Notice, attach a separate sheet stating the above information for each Applicant)
- 2.

<b>Hearing Date:</b>	<b>Time:</b>	<b>Courtroom:</b>	<b>Floor:</b>
<input type="checkbox"/> 255 East Temple Street, Los Angeles		<input type="checkbox"/> 411 West Fourth Street, Santa Ana	
<input type="checkbox"/> 21041 Burbank Boulevard, Woodland Hills		<input type="checkbox"/> 1415 State Street, Santa Barbara	
<input type="checkbox"/> 3420 Twelfth Street, Riverside			

3. **Deadline for Opposition Papers:** If you wish to object to the Application(s), you must file a written objection with the Bankruptcy Court and serve a copy of it upon the Applicant(s), Debtor's attorney, and Trustee's attorney, if any, no less than fourteen (14) court days prior to the above hearing date. If you fail to file a written objection to the Application(s) within such time period, the Court may treat such failure as a waiver of your right to object to the Application(s) and may approve the Application(s). If you wish to review the full Application(s), you may review the Application(s) on file with the Court or obtain a copy from Applicant(s).
4. **Deadline for Filing Other Professional Fee Applications:** If the above Application(s) are for payment of interim fees, pursuant to Local Bankruptcy Rule 2016-1, other professional persons retained pursuant to Court approval may also seek approval of interim fees at this hearing, provided that they file and serve their Applications in a timely manner. Unless otherwise ordered by the Court, hearings on Interim Fee Applications will not be scheduled less than 120 days apart.

Dated:

*Law Firm Name*

By: \_\_\_\_\_

Name: \_\_\_\_\_  
*Attorney for Plaintiff or Plaintiff*

In re _____	CHAPTER _____
Debtor. _____	CASE NUMBER _____

**PROOF OF SERVICE**

STATE OF CALIFORNIA COUNTY OF \_\_\_\_\_

1. I am employed in the County of \_\_\_\_\_, State of California. I am over the age of 18 and not a party to the within action. My business address is as follows:
  
2. On \_\_\_\_\_, pursuant to Local Bankruptcy Rule 2016-1, I served the document described as: NOTICE OF HEARING ON APPLICATION FOR PAYMENT OF INTERIM OR FINAL FEES AND/OR EXPENSES UNDER 11 U.S.C. § 331 OR § 330 on the interested parties at their last known address in this action by placing a true and correct copy thereof in a sealed envelope with postage thereon fully prepaid in the United States Mail at \_\_\_\_\_, California, addressed as set forth below.
  
3. Parties and addresses upon which service was made:

☐ Addresses continued on attached page

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated:

\_\_\_\_\_  
Type Name\_\_\_\_\_  
Signature